



2005 WHITE HOUSE CONFERENCE ON AGING RESOLUTIONS

Submitted by AARP

PLANNING ALONG THE LIFESPAN

SOCIAL SECURITY PROGRAMS

Whereas Social Security must continue to provide a solid base of guaranteed, life-time, inflation-protected security for workers and their families, should the worker become disabled, retire, or die;

Whereas Social Security is the principal source of income for two-thirds of older Americans, and virtually the only source of income for one-third;

Whereas more than 3.8 million Social Security beneficiaries are children of deceased, retired, or disabled workers; 4.8 million are widow(er)s; and about 8 million are disabled workers and their dependents;

Whereas according to the Social Security trustees, even with no changes, Social Security will be able to pay 73 percent of benefits after 2041;

Whereas private accounts funded with revenues needed for current or future benefits worsen solvency, add trillions to the national debt and weaken this essential foundation;

Whereas the maximum federal Supplemental Security Income benefit is \$530 for an individual and \$796 for a couple; the average monthly benefit is \$428;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

Strengthen Social Security for the future by changes that:

- Maintain the defined benefit nature of the program;
- Maintain the link between a worker's pay and time in the labor force and the worker's benefit amount;
- Maintain the progressivity of the benefit formula that protects lower-income workers;

- Continue to protect workers who must retire early;
- Focus special attention on groups who tend to be more reliant on Social Security, such as women and persons of color and how their work/life patterns impact their retirement security;
- Balance reductions in future benefits with revenue increases and implement changes gradually to give people time to prepare;
- Do not create private accounts funded with revenues needed for current or future benefits, which worsen solvency, add trillions to the national debt, and weaken this essential foundation; and
- Include improving benefits for low income workers, such as through a minimum benefit.

Improve Supplemental Security Income (SSI) by increasing the asset limit and raising the basic federal benefit to the poverty level.

INCREASING RETIREMENT SAVINGS

Whereas a secure retirement is based upon four pillars: Social Security, pensions and savings, work, and health insurance;

Whereas Social Security is the foundation of workers' retirement security but was never intended to be the only source;

Whereas more than one in two working people do not currently have a job that includes either a defined benefit or a defined contribution pension; and

Whereas the Saver's Credit, which provides a federal tax credit to individuals with low incomes who set aside up to \$2000 in savings, expires at the end of 2006 and does not assist low income workers unless they incur a tax liability;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Increase retirement savings outside of the Social Security system and build upon and improve existing retirement savings vehicles;
- Target any additional federal funds spent to increase retirement savings towards low and middle earners;

- Encourage employers to offer more effective defined contribution plans with features that encourage higher participation and contribution rates, such as automatic enrollment in 401(k)s;
- Ensure that every working American can, at his or her discretion, have a portion of his or her salary withheld and forwarded to a retirement savings account; and
- Expand the Saver's Credit and make it refundable.

MANAGING AND PROTECTING FINANCIAL ASSETS

Whereas the marketplace is more complex than it was a generation ago, and change is rapid and continuous;

Whereas today's consumers face a demanding set of challenges in navigating the marketplace and obtaining financial security; and

Whereas the consumer decision-making process today is difficult because more consumers, including older consumers, are working and have less time for comparison shopping and decision-making; products and services are increasingly complex; and low levels of financial literacy make it difficult for many consumers to make informed choices;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Assist consumers in making informed choices by improving the quality of consumer information in the marketplace. Product information, labeling, and disclosures should be made easier to understand, more accurate and useful;
- Improve the financial literacy of all people with increased attention to the financial literacy needs of Boomers and the older population;
- Improve and enhance the integrity of financial markets and promote transparency of fees and costs, and clarity of disclosures;
- Eliminate predatory financial practices and increase financial service options in underserved communities;
- Strengthen enforcement of the nation's consumer and investor protection laws with funding adequate to ensure the safety of markets and fairness in the sale and marketing of financial products;

- Maintain and strengthen the ability of consumers to obtain adequate redress for violations of the law and recovery of irreplaceable assets lost because of fraud, negligence, incompetence or other practices;
- Strengthen defined benefit pension plans to ensure that individual pension plans and the Pension Benefit Guaranty Corporation are financially sound; and
- Protect workers' benefit expectations and eliminate "wear-away" periods where pension accruals of older, longer-service workers are stopped or reduced when employers convert traditional defined benefit pension plans to cash balance plans or other hybrids.

FINANCIAL LITERACY

Whereas financial literacy is critical to consumers in an increasingly complex financial marketplace;

Whereas to navigate the marketplace successfully, consumers need to be able to differentiate among a wide range of products, services and providers; understand key contract terms, conditions, and pricing; and make appropriate decisions related to diversification and risk; and

Whereas research indicates that consumers often have disturbingly low levels of financial literacy;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Improve the financial literacy of all people with increased attention to the financial literacy needs of Boomers and the older population. Special efforts should target foreign-born people and people with cultural, language and other barriers that make it more difficult to access the traditional financial services system;
- Develop financial literacy programs that include information on financial fraud and abuse issues, as well as on technological advances (automated teller machines, online banking, etc.) that may be of particular value to older consumers;
- Strengthen and expand research aimed at improving the effectiveness of financial literacy and consumer counseling programs, particularly with regard to obtaining outcomes that lead to better money management behaviors; and

- Secure consumer protections against fraudulent, unfair and deceptive practices in the financial marketplace by strengthening mutual fund investor protection, shareholder rights and investor financial literacy.

THE WORKPLACE OF THE FUTURE

OLDER WORKERS

Whereas in 2008, the first boomers will be eligible for early retirement benefits under Social Security;

Whereas in 2000, workers aged 55 and over accounted for 13 percent of the workforce and this number is expected to rise to 19 percent by 2012. Over the same time period, workers 25 to 54 are expected to decline as a percentage of the workforce, from 71 percent in 2000 to 66 percent in 2012;

Whereas boomers say that they want or need to work in retirement and employers are likely to need them in light of slow labor force growth;

Whereas opportunities and incentives to foster longer worklives for mature workers who wish or need to remain in the workforce must be expanded;

Whereas workers of all ages must have the skills employers need to remain competitive in the global economy;

Whereas no one should be denied a job, laid off, or passed over for opportunities because of age; and

Whereas individual workers should be judged on the basis of their individual competency, ability and physical condition in relation to the requirements of the job;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Remove barriers older workers face when seeking employment. Such barriers can include employer attitudes about older workers' productivity, job modification, and workplace redesign;
- Strengthen federal and state age discrimination laws and improve workers' awareness of their employment rights;
- Create and expand incentives to encourage workers to postpone retirement or return to the workforce. Such incentives could include more attractive and flexible work

options, phased retirement, job sharing, flexplace, part-year and other non-traditional work schedules, retiree rehire programs, and support for older workers who want to become self-employed;

- Expand and adequately fund training, retraining and life-long learning programs supported by employers, employer associations, unions and government;
- Expand and improve job opportunities for mature workers; and
- Collect data through the Bureau of Labor Statistics that enables older worker advocates and others to evaluate the employment status of older workers.

OUR COMMUNITIES

LIVABLE COMMUNITIES

Whereas the manner in which older people interact with their home and community can have important consequences for their ability to age in place and remain independent;

Whereas barriers between the individual and environment can result in a sense of isolation and make it difficult for an older person to have the social interaction and services that contribute to a healthy lifestyle;

Whereas a livable community actively promotes the inclusion of residents in its social and economic life through the physical features, programs and readily accessible services that enable older residents and people with disabilities to remain independent and actively engaged in community life;

Whereas a livable community includes diversity of housing options, accessible home and community design, walkability, transportation, supportive services, security and shopping and entertainment opportunities;

Whereas nearly seven million older individuals (21 percent of all persons age 65 and above) do not drive and of these, over half stay home on a given day;

Whereas older pedestrians have the highest fatality rates of any age group; older drivers have the highest fatality rate of all but the youngest drivers;

Whereas the current transportation system is not equipped to ensure that older persons, particularly those with disabilities, have safe mobility options that allow them to stay connected to their communities;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

Housing and community development policies that encourage the production of more compact and livable communities that meet the lifespan needs of residents. These policies should enhance community design by encouraging:

- Diverse and affordable housing options for households of different income levels, through and appropriate mix of private-market and public initiatives;
- Universal design features such as widened doors, accessible kitchens and bathrooms and other architecturally friendly features that help people of all ages and abilities remain active and independent;
- Location of housing within easy walking distance of shopping, recreation, public transportation and services;
- Coordination of planning and development decisions at the local, regional and state levels;
- Development of well-run community centers, recreation centers, parks, and other places where people of all ages can interact, socialize, and participate in public meetings and events;
- Walkable community features, including well-designed sidewalks that take people where they want to go;
- Innovative zoning and code enforcement strategies designed to improve and maintain the livability of communities;
- Participation of citizens in community planning, including older residents;
- Expanded mobility options, including public transportation, walking, bicycling, and specialized transportation for individuals with varied functional abilities and preferences;
- Research and programs to increase older driver safety and roadway improvements, such as signage and pavement markings, that increase the safety of older drivers should be encouraged; and
- Community engagement by facilitating various forms of social involvement, such as organizational membership, volunteering and community service.

MOBILITY OPTIONS FOR OLDER PERSONS

Whereas persons 50 and older desire to sustain mobility as they age;

Whereas mobility is a critical component of successful aging, and lack of mobility may lead to social isolation and depression;

Whereas by 2029, nearly 1 in 4 licensed drivers will be age 65 and over, compared with 1 in 7 in 2003;

Whereas individuals age 70 and above make up nine percent of the U.S. population, but 12 percent of all vehicle occupant fatalities and 16 percent of all pedestrian fatalities;

Whereas review of trauma patients shows up to three times the mortality risk among persons age 65 and over as for those younger than 65;

Whereas nearly 40 percent of fatal crashes among passenger vehicle drivers 65 years of age and older occurred in intersections;

Whereas nearly 7 million Americans age 65 and over do not drive;

Whereas over half of older non-drivers (3.6 million) stay home on a given day compared with 17 percent of older drivers;

Whereas older non-drivers make an average of only 1.5 daily trips, compared to four daily trips for drivers; and they make 15 percent fewer trips to the doctor, 59 percent fewer trips for shopping and eating out, and 65 percent fewer trips for social, family and religious purposes;

Whereas only half of all Americans reported they had public transportation service available to them in 2001, and fewer still in the outer suburbs and rural areas;

Whereas better and more accessible public transportation was the top unaided response among persons with disabilities age 50 and over to an open-ended question about the number one feature they would like changed in their community;

Whereas more than one-fifth of individuals age 50 and above see the lack of sidewalks and resting places as a large problem for walking;

Whereas over 13 percent of highway fatalities are pedestrians and bicyclists, yet states spend less than two percent of their federal safety funding in this area;

Whereas evidence shows that alternative transportation receives a larger share of funding in those states where transportation funding decisions are made, and funding is allocated, on a regional level; and

Whereas transportation infrastructure changes needed to meet the mobility needs of the baby boom generation require years of advance planning;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Strongly encourage state and local transportation departments to implement the Federal Highway Administration's design guidelines for older drivers and pedestrians;
- Provide for research that clarifies the relationship between medical conditions and driving ability and that identifies effective driver testing methods;
- Encourage the use of seat belts among older persons and examine the impact of airbag standards on older persons in side impact collisions;
- Increase funding for public transportation so that public transportation agencies can improve their services to meet the growing needs of older persons and persons with disabilities in both metropolitan and rural areas;
- Increase funding for existing programs designed to provide mobility for older people, such as the federal Section 5310 specialized transportation program for the elderly and persons with disabilities;
- Intensify efforts to improve coordination of transportation services among human services agencies and between those agencies and transportation agencies at the federal, state, and local levels;
- Encourage the development of volunteer driver programs;
- Make streets safer and more inviting for users of all ages and abilities through "complete streets" policies that accommodate pedestrians and bicyclists;
- Require states to spend their federal safety funding proportionally to the types of traffic fatalities;
- Substantially increase the amount of federal transportation funding that goes directly to the regional level; and
- Incorporate the mobility needs of older Americans into the planning of transportation projects, services, and streets, and coordinate this effort with land use planning.

REAUTHORIZATION OF THE OLDER AMERICANS ACT (OAA)

Whereas the number of persons age 60+ is proportionately increasing at a greater rate than any other age subgroup and projected to continue doing so for the next two decades;

Whereas local, federal and state entities must coordinate efforts to promote capacity for those 60+ to contribute to society and aid their capacity to make informed choices regarding available public, private and community resources;

Whereas the rate of poverty among persons age 60+ has been dramatically cut since the enactment of the multi-pronged but cost effective approach of the Older Americans Act (OAA) in meeting the needs of older persons and assisting them to remain in their homes and independent for as long as possible;

Whereas various subgroups of older Americans differ greatly in terms of capacity to pay for important social, personal, health and legal assistance needs;

Whereas older Americans are increasingly becoming users of modern technology to acquire information, take advantage of more cost efficient services, make important life decisions, and conduct personal business;

Whereas demonstration grants have improved the quality of life, welfare and independence of persons age 60+ through innovations in technology, service delivery systems, assistive technology devices;

Whereas meeting the needs of older persons with greatest social and economic need, especially those who are frail, low income, minority, rural and vulnerable to various forms of abuse, without means testing continues to be a national priority;

Whereas the trend toward earlier retirement has reversed as many persons 60+ return to the workforce to enhance their economic security and gain a hedge against inadequate and insecure retirement income;

Whereas spouses, siblings, and relatives are increasingly becoming a primary or sole source of caregiving and support for persons 60+ experiencing severe limitations on activities of daily living;

Whereas growing numbers of older Americans are taking on the role of parenting children whose own parents are unable to do so because of illness, military duty, incarceration, addiction, or neglect;

Whereas the protection of the dignity, safety, and health of older persons dependent on institutional care remains a national priority; and

Whereas navigation tools and access to essential information, mobility options, supportive services, and the redress procedures that affirm them continue as national goals to promote choice, independence, service support and justice;

Be it resolved that the 2005 White House Conference on Aging supports:

Reauthorization of the Older Americans Act (OAA) as the most effective and comprehensive means for addressing the needs of persons age 60+ through provisions that:

- Avoid expansion of mandatory or voluntary “cost-sharing” for OAA services;
- Increase access to Legal Assistance to the Elderly;
- Maintain consumer protections under the long term care ombudsman program;
- Retain emphasis on services to frail and low-income and minority elders;
- Establish adequate authorization and appropriations levels;
- Maintain the viability of the Title V- SCSEP as an economic security resource for low income older workers and a service resource for communities;
- Strengthen the role of OAA programs in providing home and community-based care;
- Strengthen viability of the National Family Caregiver Support Program;
- Make cost-effective Title IV projects like legal hotlines and Medicare Patrol Projects permanent service options through stable and reliable funding sources;
- Maintain current transfer authority between meals programs and services;
- Ensure the viability of elder abuse and domestic violence prevention, intervention and related elder justice activities and outreach demonstrations; and
- Provide clear and consistent administrative performance standards and accountability procedures for all OAA programs and other federal programs where coordination is required.

HEALTH AND LONG TERM LIVING

MAKING HEALTH CARE AFFORDABLE

Whereas overall, health care affordability for consumers is measured by the burden of out-of-pocket costs (including costs of care, insurance premiums, and cost sharing requirements) in proportion to income;

Whereas out-of-pocket health costs have been growing at an alarming rate, particularly for many older Americans and persons with disabilities who have limited incomes or live at or near the poverty level;

Whereas the challenges of slowing growth in healthcare costs must be multi-dimensional, but should include efforts to make current spending more effective and more efficient. Misuse, underuse and overuse of health care services compromise quality and lead to unnecessary costs that are borne by consumers and payers across the health care system; and

Whereas in the absence of a comprehensive national health insurance program, private insurance and Medicaid will continue to play prominent roles in covering people under and over the age of 65;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Include health insurance reform policies that strengthen Medicare as an accessible source of coverage for all older Americans and maintain Medicaid as a safety net for the most vulnerable;
- Protect Medicare beneficiaries from unreasonable out-of-pocket costs, including premium costs and cost-sharing requirements;
- Make subsidies for prescription drug coverage under Medicare available for low-income beneficiaries regardless of their assets;
- Preserve Medicaid as an entitlement program for those who cannot afford to buy their own coverage or to pay out-of-pocket for health and long-term care;
- Improve access to affordable private health and long-term care coverage for persons with disabilities;

- Change Medicaid’s federal-state financing structure, without capping expenditures or benefits, to allow federal funding that is more responsive to states’ economic conditions and to expand home and community-based options for delivering care;
- Adopt health and long-term care payment policy that is informed by quality measures that take into account clinical and patient-reported results;
- Provide substantial public funding for evidence-based pharmaceutical and health care research to evaluate comparative effectiveness of existing therapies within a class or category, as well as increased research on quality and safety of newly-approved treatments and products; and
- Include marketplace reforms that will expand the availability of affordable insurance coverage.

PRESCRIPTION DRUGS

Whereas prescription drugs and the continued development of pharmaceutical therapies play a crucial role in improving and maintaining the health of older persons, especially those with chronic illness;

Whereas prescription drug costs are already too high and are increasing unsustainably, burdening individuals and health care purchasers;

Whereas the prescription drug marketplace must be made more transparent; and

Whereas decisions about prescribing are often made without regard to product cost or value;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Provide substantial public funding for evidence-based pharmaceutical research to evaluate comparative effectiveness of existing therapies within a class, as well as increased research on quality and safety of newly-approved products;
- Require public purchasers and their intermediaries, such as health plans and pharmacy benefits managers, to use financing strategies that take research about comparative effectiveness into account;
- Authorize Medicare, as a major purchaser of prescription drugs, to negotiate with drug makers for favorable prices and other terms, should group purchasing under the Medicare Modernization Act prove inadequate;

- Make subsidies for prescription drug coverage under Medicare available for low-income beneficiaries regardless of their assets;
- Provide greater public oversight of prescription drug marketing to assure that consumers have balanced and accurate information and providers are not offered inappropriate incentives in making decisions that affect prescribing; and
- Adopt and implement federal policies that do not unreasonably restrict the access of individuals and entities to buy safe prescription drugs in foreign markets.

EXPANDING AVAILABLE SETTINGS FOR LONG TERM CARE

Whereas publicly-funded long-term care financing currently favors institutional care, especially nursing home care, while functionally limited consumers overwhelmingly prefer to live at home and receive care in chosen communities whenever possible;

Whereas uncompensated care given by families and personal affiliates constitutes the backbone of the long term care service delivery system, with the vast majority of care provided by family and friends. This informal care is coming under greater pressure from changes in family structure and the economy;

Whereas these responsibilities may burden families especially with changing demographics such as geographic disbursement and the steady influx of women into the workforce; and

Whereas caregivers need to be supported through increased consumer choices and development of appropriate home-and-community-based options;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Reform public and private funding programs to remove institutional biases and, in particular, re-balance the Medicaid entitlement to cover home and community-based services;
- Provide consumers seeking access to public programs an array of appropriate choices;
- Include financing strategies for public programs that develop and promote expanded alternatives to nursing home placements;
- Provide adequate funding to preserve existing supply of affordable senior housing and expanding the supply of suitable housing/housing with services;

- Provide for decisionmaking about eligibility for public programs in a manner that permits consumers to choose appropriate settings when their needs arise; and
- Provide federal and state governments financing and programs to support caregivers and relieve caregiving burdens, including respite care and tax credits.

LONG-TERM CARE FINANCING

Whereas current funding strategies are not sufficient and the financing structure for long-term care is not sustainable;

Whereas private sources of financing are not well developed;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Establish social insurance as the core financing strategy, assuring that all persons with serious physical and cognitive impairments have access to appropriate services and supports enabling them to carry out activities of daily living and function at an optimum level;
- Create incentives for business to offer, and consumers to utilize, affordable, attractive financial vehicles and instruments (e.g., insurance, access to home equity, annuities) to privately protect against high costs of long-term care;
- Maintain safety net programs to fill in coverage gaps and help low-income people with high costs of care;
- Provide fair compensation for providers, with enhanced incentives for those providers with measurable high-quality performance; and
- Maximize efficiencies and cost-effectiveness across settings and payers.

ASSURING QUALITY ACROSS SETTINGS

Whereas misuse, underuse and overuse of health care services compromise quality and lead to unnecessary costs that are borne by consumers and payers across the health care system;

Whereas the Institute of Medicine estimates that medical errors account for at least 44,000 deaths each year; and

Whereas persistent geographic, ethnic and racial disparities in the quality of health care delivered undermine the confidence with which many citizens view the system;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Establish improvements in performance – using measures of quality, safety and outcome – as a public policy priority;
- Inform health and long-term care payment policy by quality measures that take into account clinical and patient-reported results;
- Provide federal and state officials the authority, capacity and incentives to hold poor-performing providers accountable;
- Encourage investments in health information technology that seek to identify and support innovations proven to reduce errors;
- Provide substantial public funding for evidence-based pharmaceutical and health care research to evaluate comparative effectiveness of existing therapies within a class or category, as well as increased research on quality and safety of newly-approved treatments and products;
- Address health disparities across populations;
- Ensure that consumers have access to effective and timely remedies for costs and injuries caused by negligent providers; and
- Enhance the recruitment, training, and retention of a strong professional and paraprofessional workforce.

HEALTH PROMOTION/PREVENTIVE CARE

Whereas the benefits of health promotion (e.g., physical activity, smoking cessation, diet and nutrition, physical and mental health screening) could help Americans 50+ live healthier, longer lives, delay the onset of disability and prevent additional disability, and avoid unnecessary health care costs;

Whereas manageable conditions (notably diabetes and obesity) that go unchecked at early ages can lead to poor health as the population ages;

Whereas although the majority of Medicare beneficiaries receive at least one preventive service or screening within the appropriate time interval, few are up to date on the full range of recommended preventive services;

Whereas Medicare beneficiaries with three or more conditions (46 percent) account for almost 90 percent of total spending, while those with no chronic conditions account for less than 1 percent; and

Whereas health promotion and preventive care are a shared responsibility of the public sector, employers, and individuals;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Support publicly-sponsored health promotion and preventive care programs that study and take into account the methods and types of health promotions and interventions that maximize and sustain healthy opportunities and outcomes of people 50+, including people with disabilities.

AGING RESEARCH

Whereas prescription drugs and the continued development of pharmaceutical therapies play a crucial role in improving and maintaining the health of older persons, especially those with chronic illness;

Whereas decisions about prescribing are often made without regard to product value;

Whereas the benefits of health promotion (e.g., physical activity, smoking cessation, diet and nutrition, physical and mental health screening) could help Americans 50+ live healthier, longer lives, delay the onset of disability and prevent additional disability, and avoid unnecessary health care costs; and

Whereas aging has disparate impacts on subpopulations of Americans, with some groups enjoying better health status and better health insurance coverage while others suffer from poor health and strained economic ability to access needed services;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Provide substantial public funding for evidence-based pharmaceutical and health care research to evaluate comparative effectiveness of existing therapies within a class or category, as well as increased research on quality and safety of newly-approved treatments and products;

- Support publicly-sponsored health promotion programs that study the methods and types of health promotions and interventions that will maximize and sustain healthy opportunities and outcomes of people 50+; and
- Adequately funds aging research that incorporates and funds inquiries about disparities in health access and outcomes.

USING TECHNOLOGY TO IMPROVE CARE AND QUALITY OF LIFE

Whereas as in other areas of American life, technological innovation and advancement has the potential to play a significant part in shaping the future of aging;

Be it resolved that the 2005 White House Conference on Aging supports policies that:

- Incorporate investments in technology for an aging society that are directed toward systems and products that are affordable and accessible to all individuals and that directly lead to improved health and functioning of older people and people with disabilities and optimize their life choices;
- Encourage health and information technology that is developed and where proven effective, dispersed across the health care system with the objective of improving patient safety and quality of care, while maximizing consumers' access to their personal medical information; and
- Promote greater use of web-based screening, decision and enrollment tools to complement and support community-based outreach efforts.

SOCIAL ENGAGEMENT

VOLUNTEER SERVICE & CIVIC ENGAGEMENT

Whereas over 27.7 million persons age 55+ render some form of volunteer service on an average of 3.3 hours per week [4.8 billion hours/yr] for an estimated \$71.2 billion value ;

Whereas older adults have consistently volunteered to serve at much higher rates than younger age groups in roles that support health, education, civic, religious, community and public information goals;

Whereas Baby Boomers approaching retirement age expect and desire expanded opportunities to make positive contributions to the nation and their communities as a means of remaining vital, healthy and independent and to avoid becoming consumers who are dependent on public services and resources;

Whereas there are thousands of national and community service and membership organizations dedicated to the full spectrum of human, civic and community development goals through both public and private partnerships;

Whereas the National and Community Service Act provides the most comprehensive network of integrated volunteer service opportunities for older persons in the nation through the Corporation for National and Community Service (CNCS); and

Whereas older volunteers provide through private and membership organizations valuable assistance in financial education, literacy & money management, community service job skills development, tax preparation, basic education tutoring and mentoring, assistance to residents of nursing homes, and driver safety;

Be it resolved that the 2005 White House Conference on Aging supports:

Reauthorization of the National and Community Service Act and expansion of the capacity and opportunity for volunteer service and civic engagement through activities that achieve the following:

- Promote all streams of national, community and civic service activities that are worthy of support by governments, taxpayers, private, and nonprofit sectors of society;
- Educate the public, federal and state policy makers, media, local organizations and groups, and members of the service community about existing and innovative opportunities for service that improve the quality of life for individuals, families, communities, and the nation;
- Create easier administrative pathways for volunteers to support independent living goals;
- Increase public support for and awareness regarding alternative uses of national service volunteers to achieve diverse goals related to community service, employment training, financial literacy, public education, national security, and the continuum of in-home and institutional care;
- Create alliances among the private sector, public service providers, volunteer support programs and organizations, and policy makers to define and promote common goals; and
- Grow the overall level of private, federal and local resources and funding for national and community service.